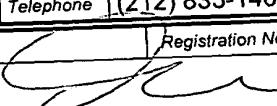
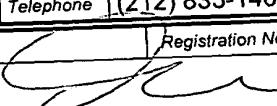
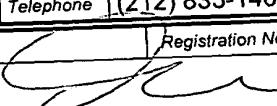


UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No.	H2041.0067																																								
		Title	DATA SYNCHRONIZATION METHOD BETWEEN A PLURALITY OF INFORMATION APPARATUS, INFORMATION PROCESSING, etc.																																								
		Express Mail Label No.																																									
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>			ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																								
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 81]			7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies																																								
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 32] 5. Oath or Declaration [Total Sheets 1]			ACCOMPANYING APPLICATIONS PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Claim for Priority																																								
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Art Unit: _____ Prior application information: Examiner _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																											
19. CORRESPONDENCE ADDRESS <table border="1"> <tr> <td><input type="checkbox"/> Customer Number or Bar Code Label</td> <td colspan="2">32172</td> <td colspan="2"><input checked="" type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="4">DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Steven I. Weisburd</td> </tr> <tr> <td>Address</td> <td colspan="4">1177 Avenue of the Americas 41st Floor</td> </tr> <tr> <td>City</td> <td>New York</td> <td>State</td> <td>NY</td> <td>Zip Code</td> <td>10036-2714</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(212) 835-1400</td> <td>Fax</td> <td>(212) 997-9880</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Mark J. Thronson</td> <td>Registration No. (Attorney/Agent)</td> <td>33,082</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>July 7, 2003</td> </tr> </table>					<input type="checkbox"/> Customer Number or Bar Code Label	32172		<input checked="" type="checkbox"/> Correspondence address below		Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Steven I. Weisburd				Address	1177 Avenue of the Americas 41st Floor				City	New York	State	NY	Zip Code	10036-2714	Country	US	Telephone	(212) 835-1400	Fax	(212) 997-9880	Name (Print/Type)	Mark J. Thronson			Registration No. (Attorney/Agent)	33,082	Signature				Date	July 7, 2003
<input type="checkbox"/> Customer Number or Bar Code Label	32172		<input checked="" type="checkbox"/> Correspondence address below																																								
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Signature				Date	July 7, 2003																																						

16670 U.S. PTO
10/6/2003
07/07/03

15915 U.S. PTO
07/07/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)
1,840.00

C mplete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Akihiro Sekine
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	H2041.0067

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number
50-2215Deposit Account Name
Dickstein Shapiro Morin & Oshinsky LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	750.00
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		750.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	41	-20** =	21 x 18.00 =	378.00
Independent Claims	11	-3** =	8 x 84.00 =	672.00
Multiple Dependent				

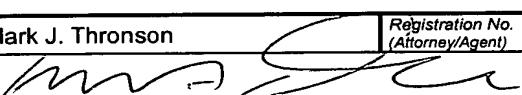
Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)		1,050.00

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	
		40.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Telephone	(212) 835-1400
		Date	July 7, 2003